	TOR COU
Name	
Address	
City, State, Zip	
Telephone Number	

UNITED STATES DISTRICT COURT DISTRICT OF ALASKA

)			
	Plaintiff)	Case No.		
	VS.)))	SOCIAL SECU	URITY COM	PLAINT
Commi	issioner of Social Security)			
	Defendant) _)			
	Plaintiff		_ a resident of _	(Ci	ty)
	makes the following	representa	ations to this court	`	•
obtainii	ng judicial review of a decision of the de	efendant ac	lverse to plaintiff:		
1.	Plaintiff complains of a decision that adv	versely aff	ects plaintiff in wh	nole or in part.	The decision
dated	d has become the final decision of the Commissioner of Social				
Securit	y for the purpose of judicial review, and	bears the	following caption	:	

In the Case of		Claim For		
	(Claimant)			
		(Social Security Number)		
	(Wage Earner)			
	A true and correct copy of the decision of	the Commissioner of Social Security is attached		
hereto	as Exhibit A.			
2.	Plaintiff alleges that the final decision of th	ne defendant is erroneous as a matter of law and		
regula	ation for the following reason(s):			
C	<u> </u>			
3.	Plaintiff has exhausted administrative reme	edies in this matter, and the court has jurisdiction for		
	judicial review under 42 U.S.C. § 405(g).			
	WHEREFORE, plaintiff seeks judicial review	w by the court and the entry of judgment for such relief		
as ma	ay be proper, including attorney's fees and co	osts.		
	I,	, declare under penalty of perjury, that I		
have a		, declare under penalty of perjury, that I nformation contained in this complaint is true and		
	Dated:			
		(Signature of Plaintiff)		